

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22302

6079

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St Louis*

(No. *Firmman Desloge Hosp*)

File No.....

Registered No.....

St. Ward)

2. FULL NAME

Archibald Jones

(a) Residence, No.

(Usual place of abode)

St. *NR*

Ward.

Desloge, MO

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 22-1909

7. AGE

YEARS

24

MONTHS

7

DAYS

29

If LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *✓*

12. BIRTHPLACE (CITY OR TOWN)

Desloge, MO

(STATE OR COUNTRY)

FATHER

13. NAME

William Jones

14. BIRTHPLACE (CITY OR TOWN)

MO.

MOTHER

15. MAIDEN NAME

Rosie Birt

16. BIRTHPLACE (CITY OR TOWN)

MO.

(STATE OR COUNTRY)

17. INFORMANT

William Jones

(ADDRESS)

Desloge, MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Desloge, MO* DATE *6-23*

19. UNDERTAKER

Robert J. Hoppe

(ADDRESS)

429 N. 4th St.

20. FILED

21 1934

J. B. Beck

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 20, 1934

22. I HEREBY CERTIFY

That I attended deceased from

June 19, 1934, to June 20, 1934.

I last saw him alive on *June 20, 1934.* Death is said

to have occurred on the date stated above, at *10:30 a.m.*

The principal cause of death and related causes of importance were as follows:

*Ruptured Appendix
Generalized Peritonitis*

Date of onset

6/12/34

Other contributory causes of importance:

Name of operation

Removal of Appendix

What test confirmed diagnosis?

Autopsy

Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. B. Beck*

M. D.

(Address) *Firmman Desloge Hosp.*

St. Louis, Missouri

